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(Requestor's Name)					
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PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
(Document Number)					
Certified Copies	Certificates	s of Status			
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Special Instructions to Filing Officer:					
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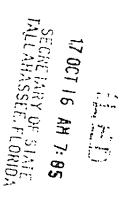
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COVER LETTER

TO: Registration Section

INHS18 (2/14)

Division of Corporations					
Sedona Leaf, LLC	Sedona Leaf, LLC				
	Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.				
Please return all correspondence concerni	ng this matter to the following:				
Jason Black					
Name of Person					
Sedona Leaf, LLC					
Firm/Company					
2810 Middlesex Rd.					
Address					
Orlando, FL 32803					
City/State and Zip Co	de				
jasonCblack1@gmail.com					
E-mail address: (to be used for future	e annual report notification)				
For further information concerning this ma	atter, please call:				
Jason Black	407 497-6345				
Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the follow	wing amount:				
2 \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company: Sedona Leaf,	LLC		
2. (a)	2810 Middlesex Rd.	(b)	same	
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Ν	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	2810 Middlesex Rd.			
	Orlando, FL 32803			
	4/25/14		L1.	4 Ø Ø Ø Ø 6796 Ø
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Jason Black			
(Registered Agent and Registered Office shown on the records of t	he Florida D	ept, of State	:
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)		
	4224 Fallwood Circle			7
	Orlando	32812	_	17 ALL ALL
(b)	Jason Black			OCT 16 AHASSEI
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office addr	ess:	
				AM 7: 85 OF STATE E. FLORIDA
	NEW Registered Office Address:			M.7:8 FLORIC FLORIC
	2810 Middlesex Rd.	···		Arm o
	Orlando , FL	32803		
the ch agent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagree authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the registe bility con f the limit	ered office ipany, it is ed liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
	(MMX	Jasoi	n Black	
Sign	ature of a member or authorized representative of a member			Printed or typed name of signee
provis the ob to mei	eby accept the hppointment as registered agent and agri- sions of all statutes relative to the proper and complete digations of my position as registered agent as provided rely reflect a change in the registered office address, I had in writing of this change.	ee to act ii performan I for in Ch iereby con	n this capa nce of my a napter 605, firm that t	icity. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
Signat	ure of Registered Agent			
	Division of Corporations ◆ P.O. B	Box 6327◆	Tallahas	see, FL 32314

FILING FEE: \$25.00